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CONFIRMATION NO. 3715

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/659,152	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 2882	<b>ATTORNEY DOCKET NO.</b> 56230-598 (ANA-240)
<b>APPLICANTS</b> Seemeen S. Karimi, Brookline, MA; <i>CT</i> Carl R. Crawford, Brookline, MA;				
<b>** CONTINUING DATA *****</b> <i>verified CT</i> This appln claims benefit of 60/410,244 09/12/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/04/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>CT</i> <i>CT</i> Verified and Acknowledged <i>CT</i> <i>CT</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 24
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> McDermott, Will & Emery 28 State Street Boston, MA 02109				
<b>TITLE</b> Helical interpolation for an asymmetric multi-slice scanner				
<b>FILING FEE RECEIVED</b> 952	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	